Substitute for Form PTO-875 CLAIMS AS FILED - PART I							Application o Docket Number 09 185, 094		
BCE.	08 (11	Cojnwu	LEU - PART	ŧ.					1017
. FOR		(Column 2)		SMALL ENTITY		OR · OTH		IER THAI	
BASIC FEF		NUMBER F	(LED .	NUMBER EXTRA		7	7	SMAL	LL ENTIT
(37 CFR 1.16(a)) TOTAL CLAIMS					RATE	FEE		RATE	FE
(37 CFR 1.16(c)	[]	70			5	OR		1
INDEPENDENT (37 CFR 1.16(b	CLAULE	minus 20 = .			$\times s = 25$		1	FA	- S
			us 3 = -		x s 100=		OR	× s <u>50</u> .	
MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))							OR	x s 200	
- (X)							OR	+360	
If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		ÓΗ	+ 92 00	
• .			ED - PART I				OR	TOTAL	
		· ****C(4D	CO - PART I						
	(Column	0 .	(Column	2) (Column 3)					
∢	CLAIMS		HIGHES		SMALLE	YTITY	OR	OTHER	RTHAN
- Zi	REMAINII AFTER	j	NUMBER PREVIOUS	PRESENT	RATE	ADDI-	٢	SMALL	ENTITY
Total	AMENOME		PAID FOR			TIONAL	- 1	RATE	AD0+
(31 CFR 1.16(c		Minu	's	. 2	25	FEE			TIONAL FEE
Independent (31 OFR 1.166)	,	Minu	s		x s 25 =		OR)	× 550 = 1	
FIRST SOF					x s 100=				
I WAT PHES	ENTATION OF MUL	TIPLE DEPEN	DENT CLAIM (37	CFR 1.16(d))	+s (80=		OR X	(s 200)	
					TOTAL		OR +	<u>5360 </u>	
	(Ceta)	*			ADD'L FEE		OR A	OTAL DO'L FEE	
T	(Column 1) CLAIMS		(Column 2	(Column 3)				OUT LEE	
1	REMAINING	:	HIGHEST NUMBER	PRESENT	04==		<u></u>	·	
J	AMENDMEN	τ	PREVIOUSLY PAID FOR	EXTRA		ADDI- TONAL	- 1	RATE	ADDĪ-
(D) CFR 1.16(cl)	1	Minus	1	=		FEE	-]	TIONAL
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5180=	c		200_	
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	(Column 1)		(Column 2)	(Column 3)		J	AU	D.F. EEE	
	CLAIMS ' REMAINING		HIGHEST NUMBER	PRESENT					
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Total (37 CFR 1.16(c))		Minus	PAID FOR		<u> </u>	ONAL EEE			ADDI- TIONAL
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(37 CFR 1.16(6))		Minus	444 .	=	v.Im	OF		20 ₌	
	ATION OF MULTIP	E DEPENDE	NT CLAUL (22 ==			OR	× s_	200	
FIRST PRESENT			ce	H 1.16(d))	+ 5 180=	1		21.0	 }
FIRST PRESENT			-			l OR	1 -	ו (ושב	
			in column 2, writh		TOTAL ADO'L FEE	. OR	TOTA	SGO_ AL PL FEE	

The Highest Number Previously Paid For (NTHIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.